

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000762	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/22/2010
NAME OF PROVIDER OR SUPPLIER MIRIAMS HOUSE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 FLORIDA AVE NW WASHINGTON, DC 20009		
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D 000	Initial Comments A licensure survey was initiated on Friday, November 19, 2010 and was completed on Monday, November 22, 2010. The findings of the survey were based on observations of the Community Residence Facility (CRF), interviews with the administrative staff and residents, as well as a review of clinical and administrative records, including incident reports. A random sample of five clients was selected from a resident population of ten residents with various medical disabilities. A thorough environmental inspection was completed and determined there were no significant deficiencies noted that would be life threatening to the residents and/or staff.	D 000	<p><i>Received 12/13/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p> <p>3404.1 1. Clinical Services Director (CSD) and Resident Care Intern (RCI) will review medical records each month to insure compliance with the annual comprehensive evaluation by a physician. Resident #3 had an emergency liver transplant on 09/03/09, which involved an extensive hospital stay. Upon her return, the DC government annual exam should have been updated, but was not.</p> <p>2. No other residents were affected by this.</p> <p>3. CSD and RCI will place label on front of charts so that recertification notes are easily noticed. 11/30/10</p> <p>4. CSD has created a chart for tracking annual health certification for residents. 11/30/10</p>		
D 700	3404.1 Resident Status Policies In addition to the pre-admission medical examination required by § 3403.8, each resident shall have an annual examination by a physician. The physician's report and his or her recommendations shall be included in the resident's permanent file. This CONDITION is not met as evidenced by: Based on record review, the community residence facility (CRF) failed to ensure that each resident received an annual examination by a physician, to include the physician's report and recommendations, for one of the five sampled residents. (Resident #3) The finding includes: On November 22, 2010, at 11:03 a.m., review of Resident #3's medical records revealed two medical evaluation forms, dated September 4,	D 700			

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TITLE

(X6) DATE

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If continuation sheet 1 of 5

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D 700	Continued From page 1 2008 and February 24, 2010. There was no documented evidence that she had received a comprehensive evaluation by a physician during the 17-month span. The CRF's RN and medical services director was unavailable for interview before the survey ended later that day.	D 700		
D 710	3404.2 Resident Status Policies The Residence Director shall communicate orally or in writing with each resident's sponsor, if any, at least every six (6) months regarding the general condition of the resident, any unusual incidents that may have occurred, any changes in the resident's health status, and any changes in the care or services to be provided to the resident. This CONDITION is not met as evidenced by: Based on interview and record review, the community residence facility (CRF) failed to consistently document evidence of communications with family members/sponsors of unusual incidents, for two of the five residents in the sample. (Residents #1 and #2) The findings include: 1. On November 19, 2010, beginning at approximately 9:20 a.m., review of Resident #2's record revealed that her sister was her designated sponsor. The resident's record also reflected unusual incident reports on which CRF staff documented that Resident #2 had experienced 8 unusual incidents during the period October 10, 2009 - November 2010. On November 19, 2010, at 11:45 a.m., interview with the social service manager (SSM) revealed that she also served as the designated	D 710	D710 3404.2 After last year's inspection, the Social Services Manager (SSM) put into place CRF sponsor notification notes in each resident's program file. The behavioral incidents for resident #2 that occurred 10/19/10 and 10/23/10 were judged by the SSM to be not significant enough to notify the CRF sponsor, given that the resident was in no danger, and no changes of services took place. From now on, the SSM will record in the CRF sponsor notification notes any incidents that the SSM deems not significant for CRF sponsor notification, and the details and justification for the decision. 11/29/10 2. Likewise, the incident involving resident #3 that took place on 10/30/10 was deemed not significant enough to notify the CRF sponsor. The resident was in no danger at the time of the incident, and no changes in services to her were implemented. 11/29/10	

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D 710	Continued From page 2 Residence Director for the CRF. She indicated that her duties included making contacts with residents' sponsors if/when the resident experienced an unusual incident. At 2:01 p.m., review of the SSM's progress notes revealed that she documented having contacted Resident #2's sister after all but two unusual incidents (behavioral incidents dated October 19, 2010 and October 23, 2010). 2. On November 22, 2010, beginning at 10:17 a.m., review of Resident #3's record revealed that her niece was her designated sponsor. The resident's record reflected 5 unusual incident reports of significance for the period October 10, 2009 - November 2010. At approximately 11:50 a.m., further review of the resident's record revealed SSM progress notes in which she documented having contacted Resident #3's niece after all but one unusual incident (a small puncture wound to her lower right leg, on October 30, 2010). There was no documented evidence of communications with Residents #2 and #3's sponsors, either orally or in writing, following the three aforementioned incidents.	D 710	see responses above, on P. 2		
D2000	3418.1 Therapeutic Diets All community residence facilities that accept or retain residents in need of special or therapeutic diets shall provide for those diets to be planned, prepared, and served as prescribed by the attending physician. Those community residence facilities shall consult regularly with a dietitian. This CONDITION is not met as evidenced by: Based on observation, interview and record review, the community residence facility (CRF)	D2000	D2000 3418 1. No correction needed: upon review of this deficiency, we found the nutritional assessment, dated 2/18/10, for resident #2 in the resident's file. We assume it was not seen during the inspection. A copy is attached.	12/7/10	

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D2000	<p>Continued From page 3</p> <p>failed to consult with a dietitian on a regular basis, for the two sampled residents that were in need of specialized or therapeutic diets. (Residents #2 and #3)</p> <p>The findings include:</p> <p>1. On November 19, 2010, at 3:31 p.m., Resident #2's medical record revealed an "annual medical certification," dated February 15, 2010, indicating that she was prescribed a low fat, low cholesterol diet. Further review of the certification and her medication regimen revealed that she received Lipitor 10 mg daily for treatment of elevated serum lipids. Continued review of the medical record revealed no evidence that the resident had been assessed by a nutritionist or a dietitian.</p> <p>2. Resident #3's medical record was reviewed on November 22, 2010, beginning at 11:08 a.m. On September 8, 2010, a physician's assistant documented a "weight increase" and recommended that she see a nutritionist. There was no evidence in her record, however, that she had been assessed by a nutritionist or a dietitian, in the past or more recently.</p> <p>On November 22, 2010, at 11:57 a.m., interview with the operations director revealed that for the past year, the CRF had been without a dietitian. review of her Nursing Care Plan, dated September 9, 2009, revealed a recommendation that she "limit sugar, sweets, caffeine and no grapefruit," with no further explanation. Continued review of the record revealed that she was hospitalized August 24-25, 2010. Her hospital discharge papers indicated her diagnoses included hypertension and gastric-esophageal reflux disease.</p>	D2000	<p>D2000, continued</p> <p>2. Resident #3 - a recommendation form from a Physician's Assistant (PA) does not constitute a physician's order or referral. Each resident must be referred to a nutritionist or dietician by her primary care provider. Review of resident #3's record showed no MD order for this service.</p> <p>No other residents were affected by this.</p> <p>In the future, when a resident is recommended for a nutritional consult, the nurse will follow-up by obtaining a referral from the physician and assist the resident with finding a nutritionist or dietician. Discharge papers and notes from other health care providers will be carefully reviewed, and any new recommendations for dietary restrictions will be incorporated into their care plan.</p>	12/8/10	12/8/10

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D2000	Continued From page 4 At the time of the survey, there was no documented evidence that the facility had made arrangements for persons prescribed therapeutic diets to receive consultations by a dietitian.	D2000			
D3000	3421.1 Housekeeping and Laundry Services The interior and exterior of each community residence facility shall be maintained in a safe, clean, orderly, attractive, and sanitary manner free from accumulations of dirt, rubbish, and objectionable odors. This CONDITION is not met as evidenced by: Based on observation and interview, community residence facility (CRF) maintained the interior of the facility in a safe, clean, orderly, and attractive manner, except for the following observations: The findings include: On November 22, 2010, an environmental inspection was completed noting the following environmental concerns: 1. The kitchen oven was dirty. Was observed with excess grease on the inside. 2. In several of the bedrooms, the ceiling fans and vents had dust on them. 3. In the first floor bathroom, with the tub, there was a hole in the tile wall over the tub. At the time of the environmental inspection, the operations director acknowledge these deficiencies.	D3000	D3000 3421.1 1. Corrective action for oven containing excessive grease: the oven was cleaned inside and out; staff inspects oven daily and cleans as needed. This task is on the Personal Care Aide chore list. 11/24/10 2. Dirty fan blades and ceiling vents were cleaned. In addition, similar cleaning was done in all other rooms. Fans and vents will be inspected monthly, and staff or resident will clean as necessary. 11/27/10 3. Supplies are ordered for repair of damage to bathroom wall. Repairs will be completed within 2 months. All resident bathrooms will be inspected on a quarterly basis to determine if any repairs are necessary, which will then be done. 02/15/11 No residents were affected by this.		